United States Courts
Southern District of Texas
FILED
MAY 12 2014
David J. Bradley, Clerk of Court

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

UNITED STATES OF AMERICA §
§
v. § Criminal No. 14 CR 193
§
RANGDA MEHTA, M.D., § **UNDER SEAL**
§
Defendant. §

UNSEALED
PER ARREST

Sealed
Public and unofficial staff access to this instrument are prohibited by court order.

INDICTMENT

The Grand Jury charges:

At all times material to this Indictment, unless otherwise specified:

General Allegations

1. The Medicare Program ("Medicare") was a federal healthcare program providing benefits to persons who were over the age of 65 or disabled. Medicare was administered by the United States Department of Health and Human Services ("HHS") through its agency, the Centers for Medicare & Medicaid Services ("CMS"). Individuals who received benefits under Medicare were referred to as Medicare "beneficiaries."

2. Medicare was a "health care benefit program," as defined by Title 18, United States Code, Section 24(b).

3. Individuals who received benefits under Medicare were referred to as Medicare "beneficiaries."

4. Home health agencies and other health care providers that provided services to Medicare beneficiaries were referred to as Medicare "providers."

5. To participate in Medicare, providers were required to submit an application in which the providers agreed to comply with all Medicare-related laws and regulations. If Medicare approved a provider's application, Medicare assigned the provider a Medicare "provider number." A health care provider with a Medicare provider number could file claims with Medicare to obtain reimbursement for services rendered to beneficiaries.

6. Medicare was subdivided into multiple parts. Part A covered home health services, including but not limited to skilled nursing, physical therapy, occupational therapy, medical social services, and speech pathology services provided by a certified home health agency in connection with the treatment of homebound patients. Part B of the Medicare Program covered the cost of physicians' services and other ancillary services not covered by Part A.

7. A patient qualifies for home healthcare benefits only if: (a) the patient was confined to the home, also referred to as homebound; (b) the patient was under the care of a physician who specifically determined that there was a need for home health care and established the Plan of Care ("POC"); and (c) the determining physician signed a certification statement specifying: (i) the beneficiary needed intermittent skilled nursing services, physical therapy, or speech therapy, (ii) the beneficiary was homebound, (iii) a POC for furnishing services was established and periodically reviewed, and (iv) the

services were furnished while the beneficiary was under the care of the physician who established the POC.

8. Medicare paid home health agencies and other health care providers for services rendered to beneficiaries. To receive payment from Medicare, providers submitted or caused the submission of claims to Medicare, either directly or through a billing company.

9. CMS contracted with Medicare Administrative Contractors ("MACs") to process claims for payment. The MAC that processed and paid Medicare Part A claims for home health care services in Texas was Palmetto GBA ("Palmetto").

10. To receive reimbursement for a covered service from Medicare, a provider submitted a claim containing the required information appropriately identifying the provider, patient, and services rendered. When a claim was submitted, usually in electronic form, the provider certified that: (1) the contents of the form were true, correct, and complete; (2) the form was prepared in compliance with the laws and regulations governing Medicare; and (3) the contents of the claim were medically necessary. Providers were required to maintain patient records to verify that the services were provided as described on the claim form.

11. A Medicare claim for home health care services reimbursement was required to set forth, among other things, the beneficiary's name and unique Medicare identification number, the service provided to the beneficiary, the date that the service was provided, the name and unique physician identification number of the physician who determined that there was a need for home health care services.

12. Allied Covenant Home Health, Inc. ("Allied") was a home health agency doing business at 8323 Southwest Freeway, Houston, Texas. From in or around April 2007 through May 2013, Allied submitted claims to Medicare totaling approximately $8.1 million.

13. Harris Health Care Group, PLLC ("Harris Healthcare"), was a medical clinic doing business at 8323 Southwest Freeway, Houston, Texas. From in or around April 2007 through May 2013, Harris Healthcare submitted claims to Medicare totaling approximately $7.8 million.

14. Defendant **RANGDA MEHTA, M.D.**, a resident of Harris County, Texas, is a medical doctor licensed by the State of Texas. **RANGDA MEHTA, M.D.**, among other activities, signed POCs so that fraudulent claims could be billed to Medicare by Allied for services that were not medically necessary and, in many cases, not rendered.

15. In return for signing POCs, Charles Harris, the owner of Harris Healthcare would provide payments to **RANGDA MEHTA, M.D.**

COUNTS 1-7
False Statements Relating to Health Care Matters
(Violation of 18 U.S.C. §§ 1035 and 2)

16. Paragraphs 1 through 15 of the General Allegations section of this Indictment are realleged and incorporated by reference as if fully set forth herein.

17. On or about the dates set forth below, in Harris County, in the Southern District of Texas, and elsewhere, the defendant,

RANGDA MEHTA, M.D.

did knowingly and willfully make materially false, fictitious, and fraudulent statements and representations, and make and use materially false writings and documents, as set forth below, knowing the same to contain materially false, fictitious, and fraudulent statements and entries, in connection with the delivery of and payment for health care benefits, items, and services, and in a matter involving a health care benefit program, specifically Medicare:

Count	Medicare Beneficiary	Agency	Certification Period	Description	Approximate Amount Paid by Medicare
1	P.B.	Allied	10/02/11-11/30/11	Recertification	$5,624.56
2	P.B.	Allied	12/01/11-01/29/12	Recertification	$5,011.45
3	P.B.	Allied	08/03/11-10/01/11	Face-to-Face	$2,336.08
4	H.W.	Allied	03/30/11-05/28/11	Recertification	$3,129.69
5	H.W.	Allied	05/29/11-07/27/11	Recertification	$2,529.36
6	H.W.	Allied	07/28/11-09/25/11	Face-to-Face	$1,493.25
7	H.W.	Allied	09/26/11-11/24/11	Face-to-Face	$1,493.25

All in violation of Title 18, United States Code, Sections 1035 and 2.

CRIMINAL FORFEITURE

(18 U.S.C. § 982)

18. The allegations contained in paragraphs 1-17 of this Indictment are

realleged and incorporated by reference as though fully set forth herein for the purpose of alleging forfeiture to the United States of America of certain property in which the defendant has an interest.

19. Upon conviction of any federal healthcare offense, the defendant shall forfeit to the United States property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, pursuant to Title 18, United States Code, Section 982(a)(7).

20. The property which is subject to forfeiture includes but is not limited to a money judgment in the amount of approximately $21,617.64.

21. Pursuant to Title 21 United States Code, Section 853(p), as incorporated by reference by Title 18, United States Code, Section 982(b), if any of the forfeitable property, or any portion thereof, as a result of any act or omission of the defendant:

a. cannot be located upon the exercise of due diligence;

b. has been transferred, or sold to, or deposited with a third party;

c. has been placed beyond the jurisdiction of the Court;

d. has been substantially diminished in value; or

e. has been commingled with other property which cannot be subdivided without difficulty;

it is the intent of the United States to seek the forfeiture of other property of the defendant up to the value of the above-described forfeitable properties, including, but not limited to, any identifiable property in the name of defendant **RANGDA MEHTA, M.D.**

All pursuant to Title 18, United States Code, Section 982(a)(7), and the procedures set forth at Title 21, United States Code, Section 853, as made applicable through Title 18, United States Code, Section 982(b)(1).

A TRUE BILL

Original signature on File

FOREPERSON

KENNETH MAGIDSON
UNITED STATES ATTORNEY

ASHLEE CALIGONE MCFARLANE
TRIAL ATTORNEY
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE